



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Afterschool Andrew & Walter Young Family YMCA Registration Packet 2020-2021 School Year

TABLE OF CONTENTS

- 1. About Y Afterschool**
- 2. Child Personal History**
- 3. Payment Form**
- 4. Payment & Program Policies Agreement**
- 5. Emergency Information, Waiver & Medical Authorization for Minors**
- 6. Parent Pick-Up Authorization**
- 7. Transportation Agreement**
- 8. Vehicle Emergency Medical Information**

YMCA AFTERSCHOOL

There is no organization quite like the Y. Deeply rooted in your community, our movement is made up of people of all ages and from every walk of life, all working side-by-side to ensure everyone, regardless of gender, income or background has the opportunity to live life to its fullest. We value caring, honesty, respect and responsibility, and everything we do stems from this.

We are the nation's leading nonprofit strengthening communities through youth development, healthy living and social responsibility. With a focus on nurturing the potential of every child, improving the nation's health and wellbeing and providing opportunities to give back and support neighbors, the Y enables all to be healthy, confident, connected and secure. Take the time to familiarize yourself with this packet. We endeavor to provide an afterschool experience that models the best practices in keeping kids safe and delivering impact through quality, affordable childcare.

The YMCA follows strict COVID-19 safety protocols established by the Centers for Disease Control and Georgia Department of Public Health. Additionally, the Executive Order of the State of Georgia mandates youth-serving organizations to comply with 32 safety measures to prevent the spread of COVID-19. These additional measures include but are not limited to the following:

- All participants and staff must wear masks on arrival and throughout the day. There may be times during outdoor/physical activities that staff may allow participants to remove masks when social distancing is in effect.
- Pre-check-in screening and temperature checks will be required for everyone (participants and staff) prior to entering the program site.
- Limited capacities for each location have been determined to allow for appropriate social distancing.
- Participants will be assigned to small group cohorts of no more than 9 children and 1 staff member. Cohorts will engage with each other, but not with other cohorts, unless social distancing can be maintained.
- On arrival and throughout the day, participants will be reminded to practice frequent hand-washing and use of hand sanitizer.
- All program sites are deep cleaning every night and each weekend.

Sections 2-8 of this packet AND your completed payment form require your signature and need to be returned to your local YMCA along with your current immunization record. Please direct any feedback to your local Afterschool Program Director.

Regional Program Director:
Sarah Brown
Sarahb@ymcaatlanta.org

Program Registrar:
Aliya Hillian
aliyah@ymcaatlanta.org

CHILD'S PERSONAL HISTORY

Child's Name: _____ Called: _____

Ethnicity: _____ Birth Date: _____ Sex: M F Unspecified

Age: _____

Grade: (circle one) K 1 2 3 4 5 Years in After School: _____

School: _____ Start Date: _____

Withdrawal Date: _____

Home Phone: _____

Address: _____

City: _____ Zip: _____

With whom does the child live: _____

E-mail address: _____

Child's Legal Guardian(s): Both Parents Mother Father

Other _____

Mother's Name: _____ Mother's Date of Birth: _____

Mother's Home Address (if different from child):

Mother's Home Phone: _____ Cell Phone: _____

Mother's Employer: _____ Work Phone: _____

Employer's Address/City/Zip: _____

Father's Name: _____ Father's Date of Birth: _____

Father's Home Address (if different from child):

Father's Home Phone: _____ Cell Phone: _____

Father's Employer: _____ Work Phone: _____

Employer's Address/City/Zip: _____

PAYMENT + PROGRAM POLICIES AGREEMENT

Care. I understand the YMCA agrees to provide childcare Monday - Friday from school dismissal until 6:30pm. This care includes a nutritious snack. Students are not to bring food to the program, and I need to tell the Program Director if my child has dietary restrictions.

Original Signatures. I understand that I can fax after school registration forms to enroll my child in YMCA after school, but I also understand that original signatures will need to be added to any faxed documents to meet requirements by the Childcare Licensing Division of Bright from the Start.

Returned Checks. I understand that I will be notified by Check Care Systems if a check is returned. A penalty of \$37.00 will be charged. If the YMCA receives more than one returned check, I will be required to pay by money order/cash/credit card for the rest of the school year.

Fees. I understand that the total is due unless a child is out **THREE OR MORE DAYS IN ONE WEEK DUE TO ILLNESS**. The YMCA will prorate fees when this occurs, but I must contact the Program Director for approval and provide a doctor's excuse. The total fee will not be prorated when schools are closed due to teacher workdays, inclement weather, and holidays, except for Spring Break, Thanksgiving and Winter Break. Payment of childcare fees is the responsibility of the parent/guardian. Payment reminders will be given; however, payment must be made on a timely basis **REGARDLESS OF RECEIPT OF INVOICE**. I am responsible to keep my account current at all times and will refer to the parent handbook to find out exactly when fees are due.

Membership Fees. I understand that a YMCA Program Membership fee of **\$40** is due for those participants who are not already current members of the YMCA.

Cancellation. I understand that the Afterschool program requires a **TWO-WEEK WRITTEN** notice of withdrawal of a participant to be given to the YMCA office, not counselors. Until such notice is received by the Afterschool Program Director, parents are responsible for fees. I agree to contact the Afterschool Registrar for details regarding cancellation if I wish to cancel enrollment.

Late Fees. I understand that the sites located at the schools close promptly at 6:30 p.m. If my child is left after closing time, Y staff will attempt to contact parents first and then will proceed to the listed emergency contacts. A late fee will be assessed, and I must refer to the parent handbook for how the exact charges are calculated and payment method. The YMCA is required by law to notify the Department of Family and Child Services if any child is not picked up one hour after site closing time.

Immunizations. I understand that a current health department immunization record #3231 is required with enrollment papers.

Sick Children. In order to maintain a safe and healthy environment for all children, I understand that children that are ill which includes but is not limited to oral temperatures of 100.4 degrees or higher, any contagious symptoms such as rashes, sore throat, congestion, vomiting, etc. should not attend after school. If my child has been exposed to or contracted any serious communicable or infectious disease he or she may not return until accompanied by a note from the child's physician. I understand the YMCA will keep me informed of any incidents, including illnesses, injuries and exposure to communicable diseases and will post when a communicable disease has been introduced into the program. Arrangements must be made for immediate pick-up if I am notified that my child is ill.

Updates. I agree to keep the office and counselors informed of any changes in information and update on any significant changes at home that might affect my child.

Medication. If medication needs to be distributed, I agree to contact the Program Director so arrangements can be made.

Weather-Related School Closings. I understand that after school will be cancelled if my child's school closes due to inclement weather or any emergency. In the event of an unplanned early release by the YMCA or my child's school, I must follow the communications procedures as outlined in the Parent Handbook. All children must have an alternate pick up or care at time of dismissal. The YMCA will only release children to adults authorized on the pickup list. Adults listed must be 18 years or older.

Parent Handbook. I understand the YMCA will make every effort to distribute parent handbooks to all parents, but it is my responsibility to ensure I obtain one and read the Parent Handbook.

Special Needs. I understand that for the YMCA to appropriately modify childcare delivery to address diverse needs, they need to know at the time of enrollment if my child has special needs that require adaptations or modifications.

Acknowledgement of Policies & Guidelines. By signing below, I acknowledge that I have read the above information, and that I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures in order for the program to be a successful experience for all.

Signature of Parent/Guardian: _____ **Date:** _____

YMCA OF METRO ATLANTA EMERGENCY INFORMATION, WAIVER, AND MEDICAL AUTHORIZATION FORM

PRINT PARENT/GUARDIAN NAME: _____ Date _____

CHILD'S INFORMATION: **Complete one form for each child.**

First Name: _____ Last Name: _____ Age: _____

Birth Date: _____ Male Female Unspecified

Are immunizations current? NO YES

Has child been hospitalized or had operations, serious injuries, fractures, etc. in the past five years? NO YES

Does he/she have any disability, special needs, chronic or recurring illness or conditions? NO YES

Does he/she have any conditions requiring medical, treatment or special considerations while in this program? NO YES

Are there any activities from which your child should be exempted for health reasons? NO YES

Name current medications (prescribed or over the counter) and give instructions: _____

List allergies and diet restrictions: _____

If you answered YES to any of the questions above, please give details: _____

HEALTH INSURANCE INFORMATION:

Physician's Name: _____ at (hospital/clinic/office): _____

Phone Number: _____ Medical Insurance Carrier: _____

Policy Number: _____ Group Number: _____

INITIAL EMERGENCY CONTACT:

Parent/Guardian to be contacted first: _____ Phone: _____

If the initial emergency contact cannot be reached, we will attempt to reach (Please include at least one relative and one available neighbor):

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

YOUTH PROGRAM PARTICIPANT RELEASE, WAIVER OF LIABILITY, AND COVENANT NOT TO SUE

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right and the named minor's right to bring a court action to recover compensation or obtain any other remedy for any personal injury, illness, or property damage however caused arising out of the named minor's participation in any YMCA programs, now or any time in the future.

- Acknowledgement of Risk.** I, in my legal capacity as the parent/guardian of the minor named below, do hereby acknowledge, and agree that participation in youth program activities conducted or sponsored by the **Young Men's Christian Association of Metropolitan Atlanta, Inc.**, and its subsidiaries and affiliates, and its past or present officers, directors, managers, employees, supervisors, agents, or representatives and assigns (collectively known as the "YMCA") comes with inherent risks. I have full knowledge and understanding of the inherent risks associated with youth program and childcare activities (collectively, "Youth Program") participation, including but in no way limited to: (1) slips, trips, and falls, (2) aquatic injuries, (3) athletic injuries, and (4) illness, including exposure to viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with Youth Program participation and that said list in no way limits the operation of this Agreement.
- Coronavirus / COVID-19 Warning & Disclaimer.** Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in YMCA Youth Program activities or accessing YMCA facilities could increase the risk of contracting COVID-19.** The YMCA in no way warrants that COVID-19 infection will not occur through participation in YMCA Youth Program activities or accessing YMCA facilities.
- Consent to Medical Treatment.** By signing this form I hereby give permission to YMCA staff to administer over-the-counter medications and physician-ordered medication to my child named below in cases deemed necessary, and in the event I cannot be reached in an emergency, I hereby give permission to the YMCA to hospitalize, or secure proper treatment for, my child. I hereby FOREVER release, discharge, indemnify, hold harmless, defend, exonerate, and covenant not to sue the YMCA from any and all liability or claim whatsoever which arises or may hereafter arise, directly or indirectly, on account of any first aid, treatment, or medical service rendered in connection with the Youth Program activities participated in by my minor child with the YMCA, and I assume all risk associated therewith. I also understand that the YMCA does not and shall not assume any responsibility for or obligation to provide financial assistance or other assistance to me or to my minor child (if applicable), including, but not limited to, medical, health, or disability insurance in the event of injury, illness, or other claim or loss.
- Consent to Transport.** I give permission for my child/ward to participate on supervised field trips away from the site and to be transported on a YMCA owned, leased or hired vehicle.

5. **Waiver, Release, Indemnification & Covenant Not to Sue.** In consideration of the participation of _____, [DOB ___/___/___], in YMCA Youth Program activities, I, _____, the parent/guardian of the minor named above, agree to release and on behalf of myself and the minor named above, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the YMCA, its officers, directors, employees, volunteers, agents, representatives and insurers ("Releasees") from any causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, together with the named minor, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the YMCA on account of personal injury, property damage, illness, death or accident of any kind, arising out of or in any way related to the use of the YMCA facilities/equipment, participation in YMCA Youth Program activities or other activities whether that participation is supervised or unsupervised, however the injury, illness, or damage occurs. In consideration of the named minor's participation in Youth Program activities, I, the undersigned parent/guardian of the named minor, agree to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to the named minor's Youth Program participation.
6. **Other.** I expressly agree that this Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and all other applicable laws, rules, and regulations wherever found, and that this Agreement shall be governed by and interpreted in accordance with the internal laws of the State of Georgia. I agree that jurisdiction and venue for any actions with respect to this Agreement shall only be had in a tribunal of competent jurisdiction in Fulton County, Georgia. I agree that in the event that any clause or provision of this Agreement shall be held to be invalid by any tribunal of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement, which shall continue to be fully enforceable.
7. **Policy on Photography.** I authorize and grant permission for the use and reproduction of any and all photographs or video footage of myself or my dependents for any lawful purpose including YMCA promotional purposes without compensation,
8. **Licensing Disclosure.** I understand that the YMCA Afterschool program is licensed under DECAL/Bright From the Start and is required to follow all guidelines and requirements as dictated by the BFTS organization.

I hereby certify on behalf of myself and the named minor that I have full knowledge of the nature and extent of the risks inherent in Youth Program participation and that I, on behalf of myself and the named minor, am voluntarily assuming said risks even those caused solely or partially by the negligence of Releasees. I understand that I and the named minor will be solely responsible for any loss or damage, including personal injury, property damage, illness, or death, the named minor sustains while participating in Youth Programs and that by signing this agreement I, on behalf of myself and the named minor, HEREBY RELEASE Releasees of all liability for such loss, damage, illness, or death. I further certify that the named minor is in good health and has no conditions or impairments which would preclude his/her safe participation in Youth Programs.

I further certify that my date of birth is _____ (MM/DD/YYYY), that my present age is _____, that I am therefore of lawful age (18 years or older) and otherwise legally competent to sign this agreement, and that I have legal capacity to act as the parent/guardian of the named minor. I further understand that the terms of this agreement are legally binding and certify that I am signing this agreement, after having carefully read it, of my own free will.

ACKNOWLEDGEMENT OF POLICIES & GUIDELINES: By signing below, I acknowledge that I have read the above information, and that I understand the policies and guidelines of the program and I agree to abide by them. Should I have any questions or concerns, I will contact the Program Director. I understand that the staff makes every effort to provide a quality program, but additionally it is important that participants and parents follow all rules, guidelines and procedures in order for the program to be a successful experience for all.

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Address: _____

City: _____ **State** _____ **Zip Code:** _____

Phone: _____

YMCA OF METRO ATLANTA AUTHORIZATION FOR CHILD PICK UP FORM

Child's Legal Name: _____ Age: _____

Date of Birth: _____ Preferred Email Address: _____

Child's Home address: _____

PICK UP INFORMATION: **Complete one section for each person authorized to pick up your child.**

Parent/Guardian - 1 Contact Information:

First Name: _____ Last Name: _____ Age: _____

Relation to Child: _____ MALE FEMALE

Home Phone: (____) - ____ - ____ Cell Phone: (____) - ____ - ____

Work Phone: (____) - ____ - ____ ext. _____

Preferred Contact Method: Home Work Cell Other: (____) - ____ - ____

Parent/Guardian - 2 Contact Information:

First Name: _____ Last Name: _____ Age: _____

Relation to Child: _____ MALE FEMALE

Home Phone: (____) - ____ - ____ Cell Phone: (____) - ____ - ____

Work Phone: (____) - ____ - ____ ext. _____

Preferred Contact Method: Home Work Cell Other: (____) - ____ - ____

AUTHORIZED PICK UP - 3:

Name: _____ Relation to Child: _____

Preferred Phone: (____) - ____ - ____ Phone Type: Home Work Cell Other: _____

AUTHORIZED PICK UP - 4:

Name: _____ Relation to Child: _____

Preferred Phone: (____) - ____ - ____ Phone Type: Home Work Cell Other: _____

AUTHORIZED PICK UP - 5:

Name: _____ Relation to Child: _____

Preferred Phone: (____) - ____ - ____ Phone Type: Home Work Cell Other: _____

AUTHORIZED PICK UP POLICIES

Only the people listed above may pick up your child from camp. No exceptions are made for family members. Additionally, please inform us below if there are specific people who are not allowed to pick up your child under any circumstances.

SIGNATURE OF PARENT/GUARDIAN: _____ Date: _____

UNAUTHORIZED PICK UP INFORMATION:

These people are specifically not allowed to pick up your camper.

UNAUTHORIZED PICK UP - 1:

Name: _____ Age _____ Male Female

UNAUTHORIZED PICK UP - 2:

Name: _____ Age _____ Male Female

Transportation Agreement

This is to certify that I give _____

(Name of Facility)

permission to transport my child _____

(Name of Child)

from

_____ at _____ (am/pm)

(Pickup Location)

To

_____ at _____ (am/pm)

(Delivery Location)

My child will be transported from _____ at _____ (am/pm) to
_____ at _____ (am/pm) on the following days:

___ Monday

___ Tuesday

___ Wednesday

___ Thursday

___ Friday

_____ is authorized to receive my child. In the event the authorized
(Name of Authorized Person)

person is not present to receive my child, the following procedures are to be followed:

The _____ is approximately _____ miles from the center.

(Location)

In the event that my child is not to be transported as outlined above, I agree to notify the _____.

(Facility)

Signature (Parent/Guardian) _____ Date _____

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if _____
(Name of Facility) cannot get in touch with me, I hereby authorize any needed emergency
medical care. I further agree to be fully responsible for all medical expenses incurred during
the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witness By _____ Date _____